

**CALIFORNIA BOARD OF OCCUPATIONAL THERAPY**

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State of California  
Department of Consumer Affairs  
Gray Davis, Governor**APPLICATION FOR LICENSE/CERTIFICATE/LIMITED PERMIT**

(Read the Instructions before completing the application. Please print or type all information.)

*Check one:*

- ☐ Occupational Therapist (OT)  
☐ Occupational Therapy Assistant (OTA)  
☐ OT Limited Permit (see Instructions for requirements)  
☐ OTA Limited Permit (see Instructions for requirements)

*Board Use Only***Section I: Personal Data**

A. Last Name		B. First Name		C. Middle Name	
D. Other Names Used		E. Have you ever submitted an application to this Board under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name?			
F. Residence Address (Street No., Apt No.)		City	State	Zip Code	
G. Alternate Address (Street No., Apt No., P.O Box)		City	State	Zip Code	
H. Home Telephone Number (    )	I. Business Telephone Number (    )	J. Social Security Number (SSN) (*Mandatory - See Instructions) ____ - ____ - ____			
Email:					
K. Driver's License No./State	L. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	M. Date of Birth (mm/dd/yy)			

**Section II: Current/Previous License, Registration and Certificate**

A. Are you now or have you ever been licensed/registered/certified as an occupational therapist, occupational therapy assistant or held any other health related license or certificate in any other state, including California, or country? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list below. You must have each issuing jurisdiction verify the status by completing and returning the ENDORSEMENT FORM to the Board. Indicate the name used on the license if different than the name(s) in Section I.			
State or Country	Type of License, Registration or Certificate	Number	Expiration Date

**Section III: Education** (You must submit an “official” transcript from the qualifying degree program reflecting that you have fulfilled both the academic and fieldwork requirements.)

College/University Name, City, State	Graduation Date	Degree Awarded
College/University Name, City, State	Graduation Date	Degree Awarded

**Section IV: Examination**

A. Are you now or have you ever been certified by the National Board for Certification in Occupational Therapy (NBCOT)?  
☐ Yes ☐ No If yes, Certificate Number:

B. Were you certified by the former American Occupational Therapy Certification Board (AOTCB)? ☐ Yes ☐ No  
 If yes, Certificate Number:

C. If you are applying for a limited permit, on what date did you take or on what date are you scheduled to take the examination? \_\_\_\_\_ (attach NBCOT eligibility verification).

If you have not taken and passed either the NBCOT or AOTCB examination and are attempting to qualify on the basis of your current practice, you must complete the WORK/EXPERIENCE VERIFICATION FORM and submit it with your application no later than January 1, 2003.

**Section V: Work/Experience in Occupational Therapy** (within the past five years, most recent first)

Facility Name :  Address (Street, City, State or Country):	Position:
	From:
	To:
Facility Name:  Address (Street, City, State or Country):	Position:
	From:
	To:
Facility Name:  Address (Street, City, State or Country):	Position:
	From:
	To:
Facility Name:  Address (Street, City, State or Country):	Position:
	From:
	To:

## Section VI: Disciplinary Actions, Fitness for License, Criminal History Data

A. Has any health related professional licensing or disciplinary body in any state, territory or foreign jurisdiction denied, limited, placed on probation, restricted, suspended, cancelled or revoked any professional license, certificate, or registration granted to you, or imposed a fine, reprimand, or taken any other disciplinary action against you? ☐ Yes ☐ No

If yes, you must provide a certified copy of the Disciplinary Order or other document imposing such sanction.

B. Have you ever voluntarily surrendered a license, certificate or registration granted to you in lieu of disciplinary action? ☐ Yes ☐ No

C. Is any action described in A and B of this section pending against you? ☐ Yes ☐ No

If you answered yes to either B or C, on a separate attachment, please give a detailed explanation of the circumstances.

D. Have you ever been fired, discharged, or had employment terminated for any reason from a health-related employer? ☐ Yes ☐ No

If yes, on a separate attachment, please give a detailed explanation of the circumstances.

E. Do you have any condition that in any way impairs or limits your ability to practice occupational therapy with reasonable skill and safety, including, but not limited to, the conditions listed below? ☐ Yes ☐ No

If yes, check all appropriate boxes below:

- ☐ A condition that required admission to an inpatient psychiatric treatment facility.
- ☐ Alcohol or chemical substance dependency or addiction.
- ☐ Emotional, mental or behavioral disorder.
- ☐ Other (explain):

For any of the boxes checked, please submit complete official inpatient and outpatient treatment records, evidence of ongoing rehabilitation treatment, and a personal written explanation of the circumstances.

F. Have you been convicted of any crime (misdemeanor or felony)? You must disclose any conviction, no matter how old. The only exceptions are: convictions occurring under the age of 18 (unless you were tried as an adult, in which case the conviction must be disclosed) and traffic violations resulting in a fine of less than \$500. All driving under the influence convictions must be disclosed regardless of the fine imposed. The definition of conviction includes a conviction following a plea of nolo contendere (no contest), as well as a plea or verdict of guilty. Convictions expunged under Penal Code Section 1203.4 must be disclosed. ☐ Yes ☐ No

If yes, provide the following information:

Date of Conviction	Name of Court and Location	Initial Charge(s)	Convicted Charge(s)

In addition to the above information, please provide the police report, a certified copy of the record of conviction, and a detailed explanation, written in your own words, of the circumstances surrounding each conviction.

G. Is any criminal action pending against you? ☐ Yes ☐ No If yes, for which incident?

### Section VII: Fingerprint and Photograph Requirements

A. You must submit either the completed Live Scan Form BCII 8016 **OR** two hard-copy fingerprint cards.

B. Provide a 2"x2" passport quality photograph of yourself taken within the last six months.

Attach Photograph Here  
(face must be completely visible)

### Section VIII: Affidavit

I hereby declare that I am the person named in this application, that I have read the complete application and know the contents thereof. **I declare, under penalty of perjury of the laws of the State of California, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct.** I understand that falsification or misrepresentation of any item or response on this application or any attachment hereto, is sufficient grounds for denial, suspension or revocation of a license to practice as an Occupational Therapist or Occupational Therapy Assistant in the State of California.

I further understand that I am required to notify the Board of Occupational Therapy, in writing, of any change in my mailing address and residence address within 30 days of such change.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date